to the recommended findings and proposed decision and a supporting brief or statement.

- (3) The Administrator reviews the recommended decision and, within 60 days of its issuance, issues his or her own decision.
- (c) Effect of Administrator's decision. The decision of the Administrator under this section is the final decision of the Secretary and constitutes 'final agency action' within the meaning of 5 U.S.C. 704 and a 'final determination' within the meaning of section 1116(a)(3) of the Act and § 430.38. The Administrator's decision is promptly served on all parties and amici.

§ 430.104 Decisions that affect FFP.

- (a) Scope of decisions. If the Administrator concludes that withholding of FFP is necessary because a State is out of compliance with Federal requirements, in accordance with §430.35, the decision also specifies—
- (1) Whether no further payments will be made to the State or whether payments will be limited to parts of the program not affected by the noncompliance; and
- (2) The effective date of the decision to withhold.
- (b) *Consultation.* The Administrator may ask the parties for recommendations or briefs or may hold conferences of the parties on the question of further payments to the State.
- (c) Effective date of decision. The effective date of a decision to withhold Federal funds will not be earlier than the date of the Administrator's decision and will not be later than the first day of the next calendar quarter. The provisions of this section may not be waived under § 430.64.

PART 431—STATE ORGANIZATION AND GENERAL ADMINISTRATION

Sec.

431.1 Purpose.

Subpart A—Single State Agency

- 431.10 Single State agency.
- 431.11 Organization for administration.
- 431.12 Medical care advisory committee.
- 431.15 Methods of administration.
- 431.16 Reports.
- 431.17 Maintenance of records.

- 431.18 Availability of agency program manuals.
- 431.20 Advance directives.

Subpart B—General Administrative Requirements

- 431.40 Basis and scope.
- 431.50 Statewide operation.
- 431.51 Free choice of providers.
- 431.52 Payments for services furnished out of State.
- 431.53 Assurance of transportation.
- 431.54 Exceptions to certain State plan requirements.
- 431.55 Waiver of other Medicaid requirements.
- 431.56 Special waiver provisions applicable to American Samoa and the Northern Mariana Islands.
- 431.57 Waiver of cost-sharing requirements.

Subpart C—Administrative Requirements: Provider Relations

- 431.105 Consultation to medical facilities.
- 431.107 Required provider agreement.
- 431.108 Effective date of provider agreements.
- 431.110 Participation by Indian Health Service facilities.
- 431.115 Disclosure of survey information and provider or contractor evaluation.
- 431.120 State requirements with respect to nursing facilities.

Subpart D—Appeals Process for NFs and ICFs/MR

- 431.151 Scope and applicability.
- 431.152 State plan requirements.
- 431.153 Evidentiary hearing.
- 431.154 Informal reconsideration for ICFs/

Subpart E—Fair Hearings for Applicants and Recipients

GENERAL PROVISIONS

- 431.200 Basis and purpose.
- 431.201 Definitions.
- 431.202 State plan requirements.
- 431.205 Provision of hearing system.
- 431.206 Informing applicants and recipients.

NOTICE

- 431.210 Content of notice.
- 431.211 Advance notice.
- 431.213 Exceptions from advance notice.
- 431.214 Notice in cases of probable fraud.

RIGHT TO HEARING

- 431.220 When a hearing is required.
- 431.221 Request for hearing.
- 431.222 Group hearings.
- 431.223 Denial or dismissal of request for a hearing.